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U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# SURVEY OF INCOME AND PROGRAM PARTICIPATION

## 1986 PANEL

**WAVE 7 QUESTIONNAIRE**  
WAVE 4 QUESTIONNAIRE

[illegible]

## 7. PERSON INTERVIEW STATUS

- a. Interview**  
 1 ☐ Self  
 2 ☐ Proxy  $\xrightarrow{\text{(Enter person number)}}$ 

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 $\left. \vphantom{\begin{matrix} 1 \\ 2 \end{matrix}} \right\} \text{SKIP to 8}$

- b. Noninterview**  
 1 ☐ Type Z refusal      2 ☐ Type Z other

**8.** Date of interview for this person

Month      Day    } *Fill start time in 9a, then go to Introduction*

**9a.** Interview time  
for this person

	Initial visit	Callback visit
Interview time for this person	a.m.	a.m.
Start time →	p.m.	p.m.
Finish time →	a.m.	a.m.
	p.m.	p.m.

- b.** Total interview time for this person 

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 Minutes

**10a.** Interviewer edit time

Start time	→	a.m. p.m.
Finish time	→	a.m. p.m.

- b.** Total interviewer edit time 

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 Minutes

**11a.** Pre-interview transcription time

Start time  $\longrightarrow$  a.m.  
p.m.

Finish time  $\longrightarrow$  a.m.  
p.m.

- b.** Total pre-interview time for transcription 

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 Minutes

**12.** ☐ Phone interview — *Specify reason* \_\_\_\_\_

## INTRODUCTION

**INTERVIEWER INSTRUCTIONS** – Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

(As I described during my last visit,) This survey is about the economic situation of people living in the United States. Most of the questions will be about . . . 's activities during \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.

**Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J.) [This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.]**

**[We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering.]** For some of the questions it will help to look up the answers by checking whatever records are available to you here. (GO TO CHECK ITEM N1.)

**CHECK  
ITEM N1**

Does . . .'s person number begin with a "7"?

PGM 7

- 1 ☐ Yes  
2 ☐ No — *SKIP to Section 1, item 1, page 2*

**CHECK  
ITEM N2**

Was . . . missed when household members were listed for Wave 1?

0901

- 0901** 1 ☐ Yes — *SKIP to Section 1, item 1, page 2*  
2 ☐ No

**13a. On March 31, 1986, was . . . living in any of the kinds of places listed on this card? (Show Flashcard P)**

11

- 0914** 1 ☐ Yes  
2 ☐ No — *SKIP to Section 1, item 1, page 2*
- x1 ☐ DK } *SKIP to Section 1, item 1, page 2*  
x2 ☐ Ref. }

- b. Which code on this card represents the kind of place ... was living in on March 31, 1986?**

0916

- 0916 1 ☐ Armed Forces barracks 3 ☐ Nonhousehold  
2 ☐ Outside the United States setting

## NOTES

## Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

- 1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did . . . have a job or business, either full time or part time, even for only a few days?**  
 Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes — Mark "Worked" (code 170) on ISS and SKIP to 4  
 2 ☐ No

- 2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?**

1002

- 1 ☐ Yes  
 2 ☐ No — SKIP to 3a

- b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

- c. Could . . . have taken a job during any of those weeks if one had been offered?**

1042

- 1 ☐ Yes — SKIP to 3a  
 2 ☐ No

- d. What was the main reason . . . could not take a job during those weeks?**

Mark (X) only one.

1044

- 1 ☐ Already had a job  
 2 ☐ Temporary illness  
 3 ☐ School  
 4 ☐ Other — Specify

- 3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?**

1046

- 1 ☐ Yes — Mark "55" on ISS  
 2 ☐ No — SKIP to Check Item R2

- b. In which of the months shown on this calendar did . . . do that work?**

Mark (X) all that apply.

1048

1 ☐ Last month

1050

2 ☐ 2 months ago

1052

3 ☐ 3 months ago

1054

4 ☐ 4 months ago**CHECK ITEM R2**

Refer to item 2a above.

Did . . . spend any time looking for work or on layoff from a job?

1055

- 1 ☐ Yes — SKIP to 9a, page 4  
 2 ☐ No — SKIP to Check Item R6, page 4

- 4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?**  
**Note that the person did not have to work each week.**

1056

- 1 ☐ Yes  
 2 ☐ No — SKIP to 6a

- 5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?**

1058

- 1 ☐ Yes  
 2 ☐ No — SKIP to 8a, page 4

- b. Please look at the calendar. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

1060

x5 ☐ ALL

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

- c. What was the main reason . . . was absent from . . . 's job or business during those weeks?**

Mark (X) only one.

1098

- 1 ☐ On layoff  
 2 ☐ Own illness  
 3 ☐ On vacation  
 4 ☐ Bad weather  
 5 ☐ Labor dispute  
 6 ☐ New job to begin within 30 days  
 7 ☐ Other — Specify

 SKIP  
 to  
 8a,  
 page  
 4

NOTES

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

**6a. Please look at the calendar. In which weeks did ... have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

<b>1100</b> <input type="checkbox"/> 1	<b>1112</b> <input type="checkbox"/> 7	<b>1124</b> <input type="checkbox"/> 13
<b>1102</b> <input type="checkbox"/> 2	<b>1114</b> <input type="checkbox"/> 8	<b>1126</b> <input type="checkbox"/> 14
<b>1104</b> <input type="checkbox"/> 3	<b>1116</b> <input type="checkbox"/> 9	<b>1128</b> <input type="checkbox"/> 15
<b>1106</b> <input type="checkbox"/> 4	<b>1118</b> <input type="checkbox"/> 10	<b>1130</b> <input type="checkbox"/> 16
<b>1108</b> <input type="checkbox"/> 5	<b>1120</b> <input type="checkbox"/> 11	<b>1132</b> <input type="checkbox"/> 17
<b>1110</b> <input type="checkbox"/> 6	<b>1122</b> <input type="checkbox"/> 12	<b>1134</b> <input type="checkbox"/> 18

**b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?**

**1136** 1 ☐ Yes  
2 ☐ No — SKIP to 7a

**c. In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

<b>1138</b> <input type="checkbox"/> 1	<b>1150</b> <input type="checkbox"/> 7	<b>1162</b> <input type="checkbox"/> 13
<b>1140</b> <input type="checkbox"/> 2	<b>1152</b> <input type="checkbox"/> 8	<b>1164</b> <input type="checkbox"/> 14
<b>1142</b> <input type="checkbox"/> 3	<b>1154</b> <input type="checkbox"/> 9	<b>1166</b> <input type="checkbox"/> 15
<b>1144</b> <input type="checkbox"/> 4	<b>1156</b> <input type="checkbox"/> 10	<b>1168</b> <input type="checkbox"/> 16
<b>1146</b> <input type="checkbox"/> 5	<b>1158</b> <input type="checkbox"/> 11	<b>1170</b> <input type="checkbox"/> 17
<b>1148</b> <input type="checkbox"/> 6	<b>1160</b> <input type="checkbox"/> 12	<b>1172</b> <input type="checkbox"/> 18

**d. What was the main reason ... was absent from ...'s job or business during those weeks?**

Mark (X) only one.

**1174** 1 ☐ On layoff  
2 ☐ Own illness  
3 ☐ On vacation  
4 ☐ Bad weather  
5 ☐ Labor dispute  
6 ☐ New job to begin within 30 days  
7 ☐ Other — Specify           

**7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks did ... spend any time looking for work or on layoff?**

**1176** 1 ☐ Yes  
2 ☐ No — SKIP to 7e

**b. In which of these weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.**

Mark (X) all that apply.

**1178** x5 ☐ All weeks without a job

<b>1180</b> <input type="checkbox"/> 1	<b>1192</b> <input type="checkbox"/> 7	<b>1204</b> <input type="checkbox"/> 13
<b>1182</b> <input type="checkbox"/> 2	<b>1194</b> <input type="checkbox"/> 8	<b>1206</b> <input type="checkbox"/> 14
<b>1184</b> <input type="checkbox"/> 3	<b>1196</b> <input type="checkbox"/> 9	<b>1208</b> <input type="checkbox"/> 15
<b>1186</b> <input type="checkbox"/> 4	<b>1198</b> <input type="checkbox"/> 10	<b>1210</b> <input type="checkbox"/> 16
<b>1188</b> <input type="checkbox"/> 5	<b>1200</b> <input type="checkbox"/> 11	<b>1212</b> <input type="checkbox"/> 17
<b>1190</b> <input type="checkbox"/> 6	<b>1202</b> <input type="checkbox"/> 12	<b>1214</b> <input type="checkbox"/> 18

**c. Could ... have taken a job during those weeks if one had been offered?**

**1216** 1 ☐ Yes — SKIP to 7e  
2 ☐ No

**d. What was the main reason ... could not take a job during those weeks?**

Mark (X) only one.

**1218** 1 ☐ Already had a job  
2 ☐ Temporary illness  
3 ☐ School  
4 ☐ Other — Specify           

**e. During the weeks that ... did not have a job, did ... do any work at all that earned some money?**

**1220** 1 ☐ Yes — Mark "55" on ISS  
2 ☐ No — SKIP to 8a, page 4

**f. In which of the months shown on this calendar did ... do that work?**

Mark (X) all that apply.

**1222** 1 ☐ Last month  
**1224** 2 ☐ 2 months ago  
**1226** 3 ☐ 3 months ago  
**1228** 4 ☐ 4 months ago

NOTES

LABOR FORCE AND RECIPIENCY

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
<b>8a.</b> In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?	<b>1230</b> <input type="text"/> <input type="text"/> Hours per week x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R4</i>	
<b>CHECK ITEM R3</b> Refer to item 8a. Did . . . usually work 35 or more hours per week?	<b>1231</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 8c</i>	
<b>8b.</b> Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacation, days off or sickness.	<b>1232</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R4</i>	
<b>C.</b> How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?	<b>1233</b> x5 <input type="checkbox"/> All <b>1234</b> <input type="text"/> Weeks Last month <b>1235</b> <input type="text"/> Weeks 2 months ago <b>1236</b> <input type="text"/> Weeks 3 months ago <b>1237</b> <input type="text"/> Weeks 4 months ago	
<b>d.</b> What was the main reason . . . worked fewer than 35 hours in those weeks?  Mark (X) only one.	<b>1238</b> 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other — <i>Specify</i> _____	
<b>CHECK ITEM R4</b> Refer to item 5a, page 2. The response to item 5a is:	<b>1239</b> 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No — <i>SKIP to Check Item R5</i>	
<b>9a.</b> During this 4-month period, did . . . receive any State unemployment compensation payments?	<b>1240</b> 1 <input type="checkbox"/> Yes — <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item R5</i>	
<b>b.</b> During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?	<b>1242</b> 1 <input type="checkbox"/> Yes — <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No	
<b>CHECK ITEM R5</b> Is "Worked" (code 170) marked on the ISS?	<b>1244</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R6</i>	
<b>10.</b> During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?	<b>1246</b> 1 <input type="checkbox"/> Yes — <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No	
<b>CHECK ITEM R6</b> Was an interview obtained for . . . last reference period (cc items 44–47)?	<b>1248</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R11, page 6</i>	
<b>CHECK ITEM R7</b> Are any income types listed in the Income Roster (Item 11b)?	<b>1250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 12a</i>	
NOTES		

# Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**11a.** According to the information we obtained last time, . . . had received (Read income types in 11b, column (2)) during the period (8 months ago) through (5 months ago). Was this information recorded correctly?

- 1251** 1 ☐ Yes  
2 ☐ No — Resolve problems and make appropriate entries in 11b, column (5) } Ask 11c

## b. INCOME ROSTER (ISS CODES 1 — 56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		<b>1252</b> <input type="checkbox"/>	<b>1254</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1255</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		<b>1256</b> <input type="checkbox"/>	<b>1258</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1259</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		<b>1260</b> <input type="checkbox"/>	<b>1262</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1263</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		<b>1264</b> <input type="checkbox"/>	<b>1266</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1267</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		<b>1268</b> <input type="checkbox"/>	<b>1270</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1271</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		<b>1272</b> <input type="checkbox"/>	<b>1274</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1275</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		<b>1276</b> <input type="checkbox"/>	<b>1278</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1279</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		<b>1280</b> <input type="checkbox"/>	<b>1282</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1283</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>

**c.** At any time during the past 4 months, that is . . . , and . . . did . . . get income from (Read income types in 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

**12a.** At any time during this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?

- 1284** 1 ☐ Yes  
2 ☐ No — SKIP to 13a

**b.** What was it called?

Anything else?

Mark (X) all that apply.

- 1286** 1 ☐ Social Security — Mark "1" on ISS  
**1288** 2 ☐ Federal Supplemental Security Income (Federal SSI) — Mark "3" on ISS  
**1290** 3 ☐ A serviceman's or widow's pension from the Veterans Administration (VA) — Mark "8" on ISS  
**1292** 4 ☐ Anything else — Mark appropriate code on ISS and specify  
**1294** ☐

**13a.** At any time during this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?

- 1296** 1 ☐ Yes  
2 ☐ No — SKIP to Check Item R8

**b.** What was the source of this income?

Anything else?

Mark (X) all that apply.

- 1298** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS  
**1300** 2 ☐ Black Lung payments — Mark "9" on ISS  
**1302** 3 ☐ Worker's Compensation — Mark "10" on ISS  
**1304** 4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS  
**1306** 5 ☐ Pension from company or union — Mark "30" on ISS  
**1308** 6 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS  
**1310** 7 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS  
**1312** 8 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS  
**1314** 9 ☐ State government pension — Mark "34" on ISS  
**1316** 10 ☐ Local government pension — Mark "35" on ISS  
**1318** 11 ☐ Income from paid-up life insurance policies or annuities — Mark "36" on ISS  
**1320** 12 ☐ Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.

**1322** ☐

**CHECK ITEM R8**

Is "Medicare" (code 172) marked for . . . on cc item 47?

- 1324** 1 ☐ Yes — Mark "172" on ISS and SKIP to Check Item R23, page 8  
2 ☐ No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)		
<b>CHECK ITEM R9</b>	Is "Disabled" (code 171) marked for ... on cc item 47?	<b>1326</b> 1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
<b>CHECK ITEM R10</b>	Is ... 65 years of age or over?	<b>1328</b> 1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
<b>CHECK ITEM R11</b>	Refer to cc items 32a and 32c. Is ... a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	<b>1330</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
<b>14a. How long did ... serve on active duty in the Armed Forces?</b>		<b>1332</b> 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years X1 <input type="checkbox"/> DK
<b>b. Does ... have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</b>		<b>1334</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 14d
<b>c. What is ...'s VA percent disability rating?</b> Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		<b>1336</b> <input type="text"/> <input type="text"/> <input type="text"/> Percent } Mark "200" on ISS if rating is 100%; otherwise, mark "201" X3 <input type="checkbox"/> 0 % X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
<b>d. During this 4-month period did ... receive pension or compensation payments from the Veterans Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</b>		<b>1338</b> 1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R12</b>	Is ... 18 years of age or over?	<b>1340</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
<b>15a. During this 4-month period, did ... receive any Social Security payments?</b>		<b>1342</b> 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
<b>CHECK ITEM R13</b>	Is ... 65 years of age or over?	<b>1344</b> 1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
<b>15b. What is the reason ... is getting Social Security, is it because ... is (Read categories) —</b> Mark (X) only one.		<b>1346</b> 1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widow(ed) or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason X1 <input type="checkbox"/> DK } SKIP to 16a
<b>c. Sometimes people get Social Security for more than one reason. Is there another reason ... receives Social Security?</b>		<b>1348</b> 1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widow(ed) or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason X1 <input type="checkbox"/> DK } SKIP to 16a
<b>CHECK ITEM R14</b>	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	<b>1350</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
<b>15d. During the 4-month period did ... receive any Social Security payments especially for ...'s children (under 18)?</b>		<b>1352</b> 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
<b>16a. During this 4-month period did ... receive any SSI (Supplemental Security Income) payments from the U.S. Government?</b>		<b>1354</b> 1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
<b>b. Did ... also receive a SEPARATE SSI payment from the State or local welfare office during these months?</b>		<b>1356</b> 1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R15</b>	Is ... 40 years of age or over?	<b>1358</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
<b>17a. Has ... ever retired from a job or business? (Include retirement from the military.)</b>		<b>1360</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16
<b>b. During the 4-month period did ... receive any retirement income other than Social Security?</b>		<b>1362</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

### 17c. What kind of retirement income?

Anything else?

Mark (X) all that apply.

- 1364** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1366** 2 ☐ Pension from company or union — Mark "30" on ISS
- 1368** 3 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1370** 4 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1372** 5 ☐ National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1374** 6 ☐ State government pension — Mark "34" on ISS
- 1376** 7 ☐ Local government pension — Mark "35" on ISS
- 1378** 8 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1380** ☐ ☐

### d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?

- 1382** 1 ☐ Yes — Mark "36" on ISS
- 2 ☐ No

#### CHECK ITEM R16

Is . . . 70 years of age or over?

- 1384** 1 ☐ Yes — SKIP to Check Item R17
- 2 ☐ No

### 18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?

- 1386** 1 ☐ Yes — Mark "171" on ISS
- 2 ☐ No — SKIP to Check Item R17

### b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)

- 1388** 1 ☐ Yes
- 2 ☐ No } SKIP to Check Item R17
- x1 ☐ DK }

### c. What kind of income?

Anything else?

Mark (X) all that apply.

- 1390** 1 ☐ U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392** 2 ☐ Black Lung payments — Mark "9" on ISS
- 1394** 3 ☐ Worker's Compensation — Mark "10" on ISS
- 1396** 4 ☐ Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398** 5 ☐ Pension from company or union — Mark "30" on ISS
- 1400** 6 ☐ Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402** 7 ☐ U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406** 8 ☐ State government pension — Mark "34" on ISS
- 1408** 9 ☐ Local government pension — Mark "35" on ISS
- 1410** 10 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412** ☐ ☐

#### CHECK ITEM R17

Refer to cc item 26a.

What is . . . 's marital status?

- 1414** 1 ☐ Married — SKIP to 20
- 2 ☐ Widowed — SKIP to 22a
- 3 ☐ Divorced
- 4 ☐ Separated
- 5 ☐ Never married — SKIP to Check Item R18

### 19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?

- 1416** 1 ☐ Yes — Mark "29" on ISS and SKIP to Check Item R18
- 2 ☐ No } SKIP to Check Item R18
- x1 ☐ DK }
- x2 ☐ Ref. }

### 20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?

- 1418** 1 ☐ Widowed — SKIP to 22a
- 2 ☐ Divorced
- 3 ☐ Both widowed and divorced
- 4 ☐ No — SKIP to Check Item R21

#### CHECK ITEM R18

Refer to cc item 27.

Is . . . the designated parent or guardian of children under 18 who live in this household?

- 1420** 1 ☐ Yes
- 2 ☐ No — SKIP to Check Item R19

### 21. Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)

- 1422** 1 ☐ Yes — Mark "28" on ISS
- 2 ☐ No
- x1 ☐ DK
- x2 ☐ Ref.

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>CHECK ITEM R19</b>	Is "Both widowed and divorced" (box 3) marked in item 20, page 7?	<b>1424</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
<b>22a.</b>	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	<b>1426</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to Check Item R21
<b>b.</b>	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	<b>1428</b>	<input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS
		<b>1430</b>	<input type="checkbox"/> Veterans Compensation or pension — Mark "8" on ISS
		<b>1432</b>	<input type="checkbox"/> Black Lung payments — Mark "9" on ISS
		<b>1434</b>	<input type="checkbox"/> Pension from company or union — Mark "30" on ISS
		<b>1436</b>	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		<b>1438</b>	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
		<b>1440</b>	<input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS
		<b>1442</b>	<input type="checkbox"/> State government pension — Mark "34" on ISS
		<b>1444</b>	<input type="checkbox"/> Local government pension — Mark "35" on ISS
		<b>1446</b>	<input type="checkbox"/> Income from paid-up life insurance policies or annuities — Mark "36" on ISS
		<b>1448</b>	<input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS
		<b>1450</b>	<input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS
		<b>1452</b>	<input type="checkbox"/> <input type="checkbox"/>
<b>CHECK ITEM R20</b>	Is "Veterans Compensation or pension" (box 2) marked in item 22b?	<b>1454</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
<b>22c.</b>	Did . . . 's late spouse die while in the service or from a service-related injury?	<b>1456</b>	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
<b>CHECK ITEM R21</b>	Is . . . 65 years of age or over?	<b>1458</b>	<input type="checkbox"/> Yes — SKIP to 23a <input type="checkbox"/> No
<b>CHECK ITEM R22</b>	Refer to item 18a, page 7 Does . . . have a work disability?	<b>1460</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R23
<b>23a.</b>	Medicare is a health insurance program for disabled persons and persons 65 or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?	<b>1462</b>	<input type="checkbox"/> Yes — Mark "172" on ISS <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to Check Item R23
<b>b.</b>	May I see . . . 's Medicare card to record the claim number and type of coverage?	<b>1464</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
		<b>1468</b>	TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Types A and B) <input type="checkbox"/> Card not available — ASK 23c
<b>c.</b>	If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	<b>1470</b>	<input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> No
<b>d.</b>	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	<b>1472</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<b>CHECK ITEM R23</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	<b>1474</b>	<input type="checkbox"/> Yes — SKIP to Check Item R25 <input type="checkbox"/> No
<b>CHECK ITEM R24</b>	Is . . . 18 years of age or over?	<b>1476</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 27a
<b>CHECK ITEM R25</b>	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	<b>1478</b>	<input type="checkbox"/> Yes — SKIP to Check Item R26 <input type="checkbox"/> No
<b>24.</b>	Was . . . authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	<b>1480</b>	<input type="checkbox"/> Yes — Mark "27" on ISS <input type="checkbox"/> No



Section 1 — LABOR FORCE AND RECIPIENCY (Continued)		
CHECK ITEM R26	Interview status of . . . 's spouse.	1482 1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to Check Item R27
25a. (Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare (such as AFDC, WIC, or General Assistance) (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R27
b. What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC — Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care — Mark "23" on ISS 5 <input type="checkbox"/> WIC — Mark "25" on ISS 6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK", enter code "24" — Mark ISS ↓ <input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R27	Is "Medicaid" (code 173) marked for . . . on cc item 47?	1500 1 <input type="checkbox"/> Yes — SKIP to 26b 2 <input type="checkbox"/> No
(Refer to FLASHCARD M for Medicaid name.) 26a. During the 4-month period was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes — Mark "173" on ISS } SKIP to Check 2 <input type="checkbox"/> No } Item R28
(Refer to FLASHCARD M for Medicaid name.) b. According to our last visit . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1504	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1506 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
26c. Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
d. Which children were covered?	1510	x5 <input type="checkbox"/> All children OR Person No. Name 1512 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1514 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1516 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1518 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1520 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R29	Was . . . or any of . . . 's children (under 18) covered by Medicaid?	1524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a
26e. Was (. . ./(and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes — SKIP to 27a 2 <input type="checkbox"/> No
f. In which months was (. . ./(and) . . . 's children) covered? Mark (X) all that apply.	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago
NOTES		

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>27a.</b> During the 4-month period, did . . . have group or individual health insurance in . . . 's own name? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)	1536	1 <input type="checkbox"/> Yes — SKIP to 27c 2 <input type="checkbox"/> No																					
ASK OR VERIFY —																							
<b>b.</b> Was . . . covered by a health insurance plan in somebody else's name?	1537	1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } SKIP to Check Item R30																					
<b>c.</b> Did . . . have a plan in . . . 's own name during the entire 4-month period?	1538	1 <input type="checkbox"/> Yes — SKIP to 27e 2 <input type="checkbox"/> No																					
<b>d.</b> In which months did . . . have a plan? Mark (X) all that apply.	1540 1542 1544 1546	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago																					
<b>e.</b> Was . . . 's plan provided through an employer or union (or through a former employer or a pension plan)?	1548	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27g																					
<b>f.</b> Did the employer or union (former employer or pension plan) pay for all, part, or none of the cost of this plan?	1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None																					
<b>g.</b> Was this an individual plan or a family plan?	1552	1 <input type="checkbox"/> Individual — SKIP to Check Item R30 2 <input type="checkbox"/> Family																					
<b>h.</b> Did . . . 's health plan cover all the persons living here?	1554	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No																					
<b>i.</b> Other than . . . , which persons in this household were covered by . . . 's plan?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Person No.</th> <th style="width: 70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1556</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1558</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1560</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1562</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1564</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1566</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>			Person No.	Name	1556	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1558	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1560	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1562	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1564	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1566	x3 <input type="checkbox"/> None	
	Person No.	Name																					
1556	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>																					
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1566	x3 <input type="checkbox"/> None																						
<b>CHECK ITEM R30</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1568	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R32																					
<b>CHECK ITEM R31</b> Have each of these children already been identified as members of a family health insurance plan?	1570	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27k																					
<b>27j.</b> I have recorded that all of . . . 's children were covered by a health insurance plan — is that correct?	1572	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No																					
<b>k.</b> Were any of (Which of) . . . 's children (were) covered by a health insurance plan? (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)	1574	x5 <input type="checkbox"/> All children OR <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Person No.</th> <th style="width: 70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1576</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1578</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1580</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1582</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1584</td> <td><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></td> <td><div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td style="text-align: center;">1586</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>		Person No.	Name	1576	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1578	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1580	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1582	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1584	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	1586	x3 <input type="checkbox"/> None	
	Person No.	Name																					
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1586	x3 <input type="checkbox"/> None																						
<b>CHECK ITEM R32</b> Are any assets listed in the Asset Roster (Item 28b)?	1588	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 29a																					

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**28a. According to the information we obtained last time, . . . had** (Read asset types in 28b, column (2)) **during the period** (8 months ago) **through** (5 months ago). **Was this information recorded correctly?**

**1589**

1 ☐ Yes

2 ☐ No — Resolve problems and make appropriate entries in 28b, column (5)

ASK  
28c

**b. ASSET ROSTER (ISS CODES 100 — 150, 174)**

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		<b>1590</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>1592</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1593</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		<b>1594</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>1596</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1597</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		<b>1598</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>1600</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1601</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		<b>1602</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>1604</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1605</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		<b>1606</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>1608</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1609</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		<b>1610</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>1612</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1613</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		<b>1614</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>1616</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1617</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		<b>1618</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>1620</b> 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	<b>1621</b> 1 <input type="checkbox"/>	2 <input type="checkbox"/>

**C. At any time during the past 4 months, that is** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, **did . . . still own (have)** (Read assets in 28b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.

**29a. (In addition to the assets we have already mentioned) At any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (SHOW FLASHCARD N.)**

**1622**

1 ☐ Yes

2 ☐ No

x1 ☐ DK

x2 ☐ Ref.

SKIP to 30a

**b. Which kinds of these assets did . . . own?**

**Any others?**

**(Exclude IRA and Keogh accounts)**

**1626**

1 ☐ Regular or passbook savings accounts — Mark "100" on ISS

**1628**

2 ☐ Money market deposit accounts — Mark "101" on ISS

**1630**

3 ☐ Certificates of deposit or other savings certificates — Mark "102" on ISS

**1632**

4 ☐ Interest-earning checking accounts (such as NOW or Super NOW accounts) — Mark "103" on ISS

**1636**

5 ☐ Money market funds — Mark "104" on ISS

**1638**

6 ☐ U. S. Government securities — Mark "105" on ISS

**1640**

7 ☐ Municipal or corporate bonds — Mark "106" on ISS

**1642**

8 ☐ Mortgages — Mark "130" on ISS

**1644**

9 ☐ U. S. Savings Bonds (E, EE) — Mark "174" on ISS

**1646**

10 ☐ Other interest-earning assets — Mark "107" on ISS and specify ↓

**1648**

11 ☐ Stocks or mutual fund shares — Mark "110" on ISS

**1650**

12 ☐ Rental property — Mark "120" on ISS

**1652**

13 ☐ Royalties — Mark "140" on ISS

**1654**

14 ☐ Other financial investments — Mark "150" on ISS and specify ↓

NOTES

## Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<b>30a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</b>	<b>1656</b> 1 <input type="checkbox"/> Yes, full-time 2 <input type="checkbox"/> Yes, part-time 3 <input type="checkbox"/> No — SKIP to Check Item R33
<b>b. During which months was . . . enrolled?</b> <i>Mark (X) all that apply.</i>	<b>1658</b> 1 <input type="checkbox"/> All months <b>1660</b> 2 <input type="checkbox"/> Last month <b>1662</b> 3 <input type="checkbox"/> 2 months ago <b>1664</b> 4 <input type="checkbox"/> 3 months ago <b>1666</b> 5 <input type="checkbox"/> 4 months ago
<b>c. At what level or grade was . . . enrolled?</b> <i>(If enrolled at more than one level during this period, check most recent level.)</i>	<b>1668</b> 1 <input type="checkbox"/> Elementary grades 1—8 2 <input type="checkbox"/> High school grades 9—12 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school } SKIP to Check Item R33
<b>31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?</b>	<b>1670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R33
<b>b. What kind of educational assistance did . . . receive? Anything else?</b> <i>Mark (X) all that apply.</i>	<b>1672</b> 1 <input type="checkbox"/> GI Bill — Mark "40" on ISS <b>1674</b> 2 <input type="checkbox"/> Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS <b>1676</b> 3 <input type="checkbox"/> College Work Study — Mark "175" on ISS <b>1678</b> 4 <input type="checkbox"/> PELL Grant — Mark "176" on ISS <b>1680</b> 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS <b>1682</b> 6 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS <b>1684</b> 7 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS <b>1686</b> 8 <input type="checkbox"/> JTPA Training — Mark "180" on ISS <b>1688</b> 9 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS <b>1690</b> 10 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS <b>1692</b> 11 <input type="checkbox"/> Other financial aid — Mark "183" on ISS
<b>CHECK ITEM R33</b> Refer to cc item 26a. Is code 2 (Married, spouse absent) the current entry?	<b>1694</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R34
<b>ASK OR VERIFY —</b> <b>32. Is . . . 's spouse in the Armed Forces?</b>	<b>1696</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>CHECK ITEM R34</b> Are any income types (1—56), assets (100—150), "Worked" (170) or "Other educational assistance" (ISS codes 175—183) marked on the ISS?	<b>1698</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 34a
<b>33a. You said that during the 4-month period . . . received income from — (Read all items coded 1—56, 100—150, 170, and 175—183 that are marked on the ISS.) Is that correct?</b>	<b>1700</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Probe and resolve (Make corrections to ISS if necessary)
<b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</b>	<b>1702</b> 1 <input type="checkbox"/> Yes — SKIP to 34b 2 <input type="checkbox"/> No — SKIP to Check Item E1
<b>34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?</b>	<b>1704</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Topical Module Statement A, page 50
<b>b. What kind of income did . . . receive? Anything else?</b>	Enter codes from income source list and mark ISS. <b>1706</b> <input type="text"/> <b>1708</b> <input type="text"/> <b>1710</b> <input type="text"/>

Section 2 — EARNINGS AND EMPLOYMENT

<b>CHECK ITEM E1</b>	Is "Worked" (code 170) marked on ISS?	<b>1712</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to first ISS Code marked or Topical Module Statement A, page 50</i>
<b>1 a.</b>	<b>You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)</b>	<b>1714</b>	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only — <i>SKIP to Statement B, page 18</i> 3 <input type="checkbox"/> Both worked for employer and self-employed
<b>b.</b>	<b>How many different employers did . . . work for during this 4-month period?</b>	<b>1716</b>	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
<b>CHECK ITEM E2</b>	Is "Both worked for employer and self-employed" (box 3) marked in 1a?	<b>1718</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 2a</i>

<b>STATEMENT A</b>	<b>. . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.</b>
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NOTES

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT (Continued)	
Part A1 — EMPLOYER IDENTIFICATION NUMBER 1	
<b>2a. What is the name of the employer for whom ... worked during this 4-month period?</b> <i>(If ... worked for 2 or more employers, enter one employer here and the other in part A2, page 16. If ... worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom ... worked the most hours.)</i>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer name <div style="border: 1px solid black; padding: 2px;">2000</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E3</div> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number →	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> Employer I.D. No. <div style="border: 1px solid black; padding: 2px;">2002</div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E3.1</div> Is the previous wave box marked for this employer in cc item 42?	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2003</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2c
<b>2b. Have ...'s main activities or duties for this employer changed during the past 8 months?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2004</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a
<b>c. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2005</div>
ASK OR VERIFY — <b>d. Is it mainly —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2006</div> 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
<b>e. What kind of work was ... doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2008</div>
<b>f. What were ...'s main activities or duties?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2010</div>
ASK OR VERIFY — <b>g. Was ... an employee of —</b>	<div style="border: 1px solid black; padding: 2px;">PGM 8</div> <div style="border: 1px solid black; padding: 2px;">2012</div> 1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm? — SKIP to Check Item E5
ASK OR VERIFY — <b>3a. Was ... employed by (Name of employer) during the entire 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">PGM 7</div> <div style="border: 1px solid black; padding: 2px;">2014</div> 1 <input type="checkbox"/> Yes — SKIP to 4 2 <input type="checkbox"/> No
<b>b. When was ... employed by (Name of employer) during this 4-month period?</b>	<div style="border: 1px solid black; padding: 2px;">2016</div> FROM <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Month <div style="border: 1px solid black; padding: 2px;">2018</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Day <div style="border: 1px solid black; padding: 2px;">2020</div> TO <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Month <div style="border: 1px solid black; padding: 2px;">2022</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Day
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM E3.2</div> Did ... stop working for this employer during the reference period?	<div style="border: 1px solid black; padding: 2px;">2023</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4
<b>3c. What is the main reason ... stopped working for (Name of employer)?</b> Mark (X) only one.	<div style="border: 1px solid black; padding: 2px;">2024</div> 1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason
ASK OR VERIFY — <b>4. How many hours per week did ... usually work at this job?</b>	<div style="border: 1px solid black; padding: 2px;">2025</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>5. Was ... paid by the hour on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2026</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7
<b>6. What was ...'s regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</b>	<div style="border: 1px solid black; padding: 2px;">2028</div> \$ <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E5
<b>7. During the 4-month period how often was ... paid on this job?</b>	<div style="border: 1px solid black; padding: 2px;">2030</div> 1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Some other way — Specify _____

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



LAST MONTH

2032 \$ . 00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

INTERVIEWER  
USE ONLY

\$ .00  
\$ .00  
\$ .00  
\$ .00  
\$ .00  
Total \$ .00

2 MONTHS AGO

2034 \$ . 00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00  
\$ .00  
\$ .00  
\$ .00  
\$ .00  
Total \$ .00

3 MONTHS AGO

2036 \$ . 00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00  
\$ .00  
\$ .00  
\$ .00  
\$ .00  
Total \$ .00

4 MONTHS AGO

2038 \$ . 00

- x3 ☐ None  
x1 ☐ DK  
x2 ☐ Ref.

\$ .00  
\$ .00  
\$ .00  
\$ .00  
\$ .00  
Total \$ .00

CHECK  
ITEM E4

Is "DK" marked in all parts of item 8a?

- 2040 1 ☐ Yes  
2 ☐ No – SKIP to 9a

8b. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

- 2042 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 3a  
2 ☐ No

9a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

- 2044 1 ☐ Yes – SKIP to Check Item E5  
2 ☐ No

b. Is (was) . . . covered by a union or employee association contract?

- 2046 1 ☐ Yes  
2 ☐ No

CHECK  
ITEM E5

Number of employers in item 1b, page 13?

- 2048 1 ☐ 1 employer – SKIP to Check Item E8, page 17  
2 ☐ 2 or more employers

Section 2 — EARNINGS AND EMPLOYMENT (Continued)	
Part A2 — EMPLOYER IDENTIFICATION NUMBER 2	
<b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	<b>PGM 8</b> Employer name <b>2100</b> _____
<b>CHECK ITEM E6</b> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →	<b>PGM 8</b> Employer I.D. No. <b>2102</b> <input type="text"/>
<b>CHECK ITEM E6.1</b> Is the previous wave box marked for this employer in cc item 42?	<b>PGM 8</b> 1 <input type="checkbox"/> Yes <b>2103</b> 2 <input type="checkbox"/> No — SKIP to 10c
<b>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</b>	<b>PGM 8</b> 1 <input type="checkbox"/> Yes <b>2104</b> 2 <input type="checkbox"/> No — SKIP to 11a
<b>c. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	<b>PGM 8</b> _____ <b>2105</b> _____
ASK OR VERIFY —	<b>PGM 8</b> 1 <input type="checkbox"/> Manufacturing?
<b>d. Is it mainly —</b>	<b>2106</b> 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
<b>e. What kind of work was . . . doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer	<b>PGM 8</b> _____ <b>2108</b> _____
<b>f. What were . . . 's main activities or duties?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	<b>PGM 8</b> _____ <b>2110</b> _____
ASK OR VERIFY —	<b>PGM 8</b> 1 <input type="checkbox"/> A private for-profit company or individual?
<b>g. Was . . . an employee of —</b>	<b>2112</b> 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm? — SKIP to Check Item E8
<b>11a. ASK OR VERIFY —</b> Was . . . employed by (Name of employer) during the entire 4-month period?	<b>PGM 7</b> 1 <input type="checkbox"/> Yes — SKIP to 12 <b>2114</b> 2 <input type="checkbox"/> No
<b>b. When was . . . employed by (Name of employer) during this 4-month period?</b>	<b>2116</b> FROM <input type="text"/> <input type="text"/> Month <b>2118</b> <input type="text"/> <input type="text"/> Day <b>2120</b> TO <input type="text"/> <input type="text"/> Month <b>2122</b> <input type="text"/> <input type="text"/> Day
<b>CHECK ITEM E6.2</b> Did . . . stop working for this employer during the reference period?	<b>2123</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12
<b>11c. What is the main reason . . . stopped working for (name of employer)?</b>	<b>2124</b> 1 <input type="checkbox"/> Laid off 5 <input type="checkbox"/> Quit to take another job 2 <input type="checkbox"/> Retired 6 <input type="checkbox"/> Quit for some other reason 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended
<b>12. ASK OR VERIFY —</b> How many hours per week did . . . usually work at this job?	<b>2125</b> <input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<b>13. Was . . . paid by the hour on this job?</b>	<b>2126</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15
<b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b>	<b>2128</b> \$ <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E8
<b>15. During the 4-month period how often was . . . paid on this job?</b>	<b>2130</b> 1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Some other way — Specify _____



## Section 2 — EARNINGS AND EMPLOYMENT (Continued)

### Part A2 — EMPLOYER IDENTIFICATION NUMBER 2(Continued)

#### 16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



		INTERVIEWER USE ONLY
LAST MONTH		
2132	\$ <input type="text"/> . <input type="text"/> 00	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
		<b>Total</b> \$ _____ .00
2 MONTHS AGO		
2134	\$ <input type="text"/> . <input type="text"/> 00	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
		<b>Total</b> \$ _____ .00
3 MONTHS AGO		
2136	\$ <input type="text"/> . <input type="text"/> 00	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
		<b>Total</b> \$ _____ .00
4 MONTHS AGO		
2138	\$ <input type="text"/> . <input type="text"/> 00	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
		<b>Total</b> \$ _____ .00

#### CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

- 2140 1 ☐ Yes  
2 ☐ No — SKIP to 17a

16b. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

- 2142 1 ☐ Yes — Mark Callback Summary and Reminder Card, Item 3b  
2 ☐ No

17a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

- 2144 1 ☐ Yes — SKIP to Check Item E8  
2 ☐ No

b. Is (was) . . . covered by a union or employee association contract?

- 2146 1 ☐ Yes  
2 ☐ No

#### CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?

- 2148 1 ☐ Yes — Read Statement B  
2 ☐ No — SKIP to first ISS Code or Topical Module Statement A, page 50

Section 2 — EARNINGS AND EMPLOYMENT (Continued)	
Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1	
STATEMENT B You said . . . was (also) self-employed during this 4-month period.	
1a. What was the name of . . . 's business/professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 21. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	PGM 8 Business name 2200
CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number.	PGM 8 Business I.D. No. 2201
CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?	PGM 8 2202 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1c
1b. Have . . . 's main activities or duties for this business changed during the past 8 months?	PGM 8 2203 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1g
c. What kind of business was this?	PGM 8 2204
ASK OR VERIFY — d. Is it mainly —	PGM 8 2206 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing?	PGM 8 2208
f. What were . . . 's most important activities or duties?	PGM 8 2210
ASK OR VERIFY — g. How many hours per week did . . . usually work at this business?	PGM 7 2212 <input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i>	2214 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10a x1 <input type="checkbox"/> DK
CHECK ITEM S2 Have questions 3—5b already been answered for this business by another household member?	2216 1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No
3. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if more than 1,000 employees.</i>	2218 <input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK
4a. Was . . . 's business incorporated?	2220 1 <input type="checkbox"/> Yes — SKIP to 5a 2 <input type="checkbox"/> No
b. Was . . . 's business a sole proprietorship or a partnership?	2222 1 <input type="checkbox"/> Sole proprietorship — SKIP to 6a 2 <input type="checkbox"/> Partnership
5a. Aside from . . . were any other members of this household owners or partners in this business?	2224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a
b. Which members?	Person No. Name 2226 <input type="text"/> <input type="text"/> <input type="text"/> 2228 <input type="text"/> <input type="text"/> <input type="text"/> 2230 <input type="text"/> <input type="text"/> <input type="text"/>
6a. Was . . . paid a regular salary from this business during the 4-month period?	2232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Did . . . receive any (other) income from the business during this 4-month period?	2234 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?	2236 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S5

Section 2 — EARNINGS AND EMPLOYMENT (Continued)		
Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)		
<div>7. READ STATEMENT ONLY ONCE PER RESPONDENT.</div> <div>The next question: is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.</div> <div>What was the total amount of income that . . . received from this business in (Read each month)?</div> <div>★</div>	<div>LAST MONTH</div> <div>2238 \$ . 00</div> <div>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	<div>INTERVIEWER USE ONLY</div> <div>\$ .00</div> <div>\$ .00</div> <div>\$ .00</div> <div>\$ .00</div> <div>TOTAL \$ .00</div>
	<div>2 MONTHS AGO</div> <div>2240 \$ . 00</div> <div>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	<div>\$ .00</div> <div>\$ .00</div> <div>\$ .00</div> <div>\$ .00</div> <div>TOTAL \$ .00</div>
	<div>3 MONTHS AGO</div> <div>2242 \$ . 00</div> <div>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	<div>\$ .00</div> <div>\$ .00</div> <div>\$ .00</div> <div>\$ .00</div> <div>TOTAL \$ .00</div>
	<div>4 MONTHS AGO</div> <div>2244 \$ . 00</div> <div>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	<div>\$ .00</div> <div>\$ .00</div> <div>\$ .00</div> <div>\$ .00</div> <div>TOTAL \$ .00</div>
	<div>CHECK ITEM S4</div> <div>Is "DK" marked in all parts of item 7?</div>	<div>2246</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S5</div>
<div>8. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)</div>	<div>2248</div> <div>1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 4a 2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM S5</div> <div>Refer to item 4a, page 18. Is this business incorporated?</div>	<div>2250</div> <div>1 <input type="checkbox"/> Yes — SKIP to 10b 2 <input type="checkbox"/> No</div>	
<div>CHECK ITEM S6</div> <div>Has information about the net profit (or loss) for this business already been obtained by another household member?</div>	<div>2252</div> <div>1 <input type="checkbox"/> Yes — SKIP to 10b 2 <input type="checkbox"/> No</div>	
<div>9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses, for this business during the 4-month period?</div>	<div>2254</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10b</div>	
<div>b. What was the net profit or loss?</div> <div>If "Broke even," mark \$1 in box.</div>	<div>2256 \$ . 00</div> <div>2258 x4 <input type="checkbox"/> Loss in amount box</div>	<div>} SKIP to 10b</div>
<div>10a. About how much did . . . earn from this business after expenses during the 4-month period?</div>	<div>2260 \$ . 00</div> <div>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	
<div>b. Was . . . self-employed in this business as of (Read last day of the reference period)?</div>	<div>8000</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 11f</div>	

Section 2 – EARNINGS AND EMPLOYMENT (Continued)	
Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)	
<b>CHECK ITEM S7</b>	<div>Refer to item 4b, page 18. Is sole proprietorship marked in 4b?</div> <div>80021 <input type="checkbox"/> Yes – SKIP to Check Item S8 2 <input type="checkbox"/> No</div>
<b>11a. As of (Read last day of reference period), what percent of this business did . . . own?</b>	<div>8004<div><div></div><div></div><div></div></div> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11f</div>
<b>CHECK ITEM S8</b>	<div>Has the information below about the total value and total debt for this business already been obtained from another household member?</div> <div>80061 <input type="checkbox"/> Yes – SKIP to 11f 2 <input type="checkbox"/> No</div>
<b>b. As of (Read last day of the reference period), what was the total value of this business before figuring in any debts that might be owed against it?</b>  <div>★</div>	<div>8008\$ <div></div> . <div>00</div> – SKIP to 11d x3 <input type="checkbox"/> None – SKIP to 11d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11f 80091 <input type="checkbox"/> Office Use Only</div>
<b>c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	<div>80101 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 5a 2 <input type="checkbox"/> No</div>
<b>d. As of (Read last day of reference period), what was the total debt owed against this business?</b>  <div>★</div>	<div>8012\$ <div></div> . <div>00</div> – SKIP to 11f x3 <input type="checkbox"/> None – SKIP to 11f x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11f 80131 <input type="checkbox"/> Office Use Only</div>
<b>e. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	<div>80141 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 5b 2 <input type="checkbox"/> No</div>
<b>f. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</b>	<div>22621 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code or Statement A, page 50</div>
NOTES	

Section 2 — EARNINGS AND EMPLOYMENT (Continued)	
Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2	
12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross income.)</i>	PGM 8 Business name 2300
CHECK ITEM S9 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →	PGM 8 Business I.D. No. 2301
CHECK ITEM S9.1 Is the previous wave box marked for this business in cc item 43?	PGM 8 2302 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12c
12b. Have . . . 's main activities or duties for this business changed during the past 8 months?	PGM 8 2303 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12g
C. What kind of business was this?	PGM 8 2304
ASK OR VERIFY — d. Is it mainly —	PGM 8 2306 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing?	PGM 8 2308
f. What were . . . 's most important activities or duties?	PGM 8 2310
g. How many hours per week did . . . usually work at this business?	PGM 7 2312 <input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i>	2314 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 21a x1 <input type="checkbox"/> DK
CHECK ITEM S10 Have questions 14—16b already been answered for this business by another household member?	2316 1 <input type="checkbox"/> Yes — SKIP to 17a 2 <input type="checkbox"/> No
14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if more than 1,000 employees.</i>	2318 <input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK
15a. Was . . . 's business incorporated?	2320 1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
b. Was . . . 's business a sole proprietorship or a partnership?	2322 1 <input type="checkbox"/> Sole proprietorship — SKIP to 17a 2 <input type="checkbox"/> Partnership
16a. Aside from . . . were any other members of this household owners or partners in this business?	2324 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17a
b. Which members?	Person No. Name 2326 <input type="text"/> <input type="text"/> <input type="text"/> 2328 <input type="text"/> <input type="text"/> <input type="text"/> 2330 <input type="text"/> <input type="text"/> <input type="text"/>
17a. Was . . . paid a regular salary from this business during the 4-month period?	2332 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Did . . . receive any (other) income from the business during this 4-month period?	2334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM S11 Is "Yes" marked in either item 17a or 17b?	2336 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S13

## Section 2 – EARNINGS AND EMPLOYMENT (Continued)

### Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

18. READ STATEMENT ONLY ONCE PER RESPONDENT.		INTERVIEWER USE ONLY	
<p>The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.</p> <p>What was the total amount of income that . . . received from this business in (Read each month)? <span style="float: right;">★</span></p>		<p style="text-align: center;">LAST MONTH</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2338</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"> \$ .00  \$ .00  \$ .00  \$ .00  <b>TOTAL \$</b> .00 </div>
		<p style="text-align: center;">2 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2340</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"> \$ .00  \$ .00  \$ .00  \$ .00  <b>TOTAL \$</b> .00 </div>
		<p style="text-align: center;">3 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2342</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"> \$ .00  \$ .00  \$ .00  \$ .00  <b>TOTAL \$</b> .00 </div>
		<p style="text-align: center;">4 MONTHS AGO</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span>2344</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"> \$ .00  \$ .00  \$ .00  \$ .00  <b>TOTAL \$</b> .00 </div>
<b>CHECK ITEM S12</b>	Is "DK" marked in all parts of item 18?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>2346</span> <div> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No – SKIP to Check Item S13 </div> </div> </div>	
<b>19. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)</b>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>2348</span> <div> 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 4b  2 <input type="checkbox"/> No </div> </div> </div>	
<b>CHECK ITEM S13</b>	Refer to item 15a, page 21. Is this business incorporated?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>2350</span> <div> 1 <input type="checkbox"/> Yes – SKIP to 21b  2 <input type="checkbox"/> No </div> </div> </div>	
<b>CHECK ITEM S14</b>	Has information about the net profit (or loss) for this business already been obtained by another household member?	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>2352</span> <div> 1 <input type="checkbox"/> Yes – SKIP to 21b  2 <input type="checkbox"/> No </div> </div> </div>	
<b>20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses, for this business during the 4 month period?</b>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>2354</span> <div> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No – SKIP to 21b </div> </div> </div>	
<b>b. What was the net profit or loss?</b> If "Broke even," mark \$1 in box.		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 10px;"> <div style="display: flex; justify-content: space-between;"> <span>2356</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> 00</span> </div> <div style="margin-top: 5px;"> <span>2358</span> x4 <input type="checkbox"/> Loss in amount box </div> </div> <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="text-align: center;"> SKIP to 21b </div> </div>	
<b>21a. About how much did . . . earn from this business after expenses during the 4-month period?</b>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>2360</span> <span>\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></span> . <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> 00</span> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. </div> </div>	
<b>b. Was . . . self-employed in this business as of (Read last day of the reference period)?</b>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>8016</span> <div> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No – SKIP to first ISS code or Statement A, page 50 </div> </div> </div>	

Section 2 – EARNINGS AND EMPLOYMENT (Continued)	
Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)	
<div>CHECK ITEM S15</div> <div>Refer to item 15b, page 21. Is sole proprietorship marked in 15b?</div>	<div>8018</div> <div>1 <input type="checkbox"/> Yes — SKIP to Check Item S16</div> <div>2 <input type="checkbox"/> No</div>
<div>22a. As of (Read last day of the reference period), what percent of this business did . . . own?</div>	<div>8020</div> <div><div></div><div></div><div></div> Percent</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50</div>
<div>CHECK ITEM S16</div> <div>Has the information below about the total value and total debt for this business already been obtained from another household member?</div>	<div>8022</div> <div>1 <input type="checkbox"/> Yes — SKIP to first ISS Code or Statement A, page 50</div> <div>2 <input type="checkbox"/> No</div>
<div>22b. As of (Read last day of the reference period), what is the total value of this business before figuring in any debts that might be owed against it?</div> <div>★</div>	<div>8024</div> <div>\$ <div></div> . <div>00</div> — SKIP to 22d</div> <div>x3 <input type="checkbox"/> None — SKIP to 22d</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50</div> <div>8025</div> <div>1 <input type="checkbox"/> Office Use Only</div>
<div>C. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</div>	<div>8026</div> <div>1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 5a</div> <div>2 <input type="checkbox"/> No</div>
<div>d. As of (Read last day of reference period), what was the total debt owed against this business ?</div> <div>★</div>	<div>8028</div> <div>\$ <div></div> . <div>00</div> } SKIP to first ISS Code or Statement A, page 50</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50</div> <div>8029</div> <div>1 <input type="checkbox"/> Office Use Only</div>
<div>e. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</div>	<div>8030</div> <div>1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 5b</div> <div>2 <input type="checkbox"/> No</div> <div>} SKIP to first ISS Code or Statement A, page 50</div>
NOTES	

Section 3 – AMOUNTS		
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)		
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps – code 27.)		Income code <b>3000</b> <input type="text"/>
<b>CHECK ITEM A1</b> Mark (X) income type code.		<b>3002</b> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 26 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 26 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a
<b>CHECK ITEM A2</b> Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?		<b>3004</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b>		<b>3006</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3008</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a
<b>CHECK ITEM A3</b> Is . . . married?		<b>3010</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?</b>		<b>3012</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?		<b>3014</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</b>
(Last month) . . . . .	<b>3016</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3018</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3020</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3022</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3024</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3026</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3028</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3030</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> Mark (X) income type code.		<b>3032</b> 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Statement A, page 50
<b>6a. Were all the people living here covered by . . .'s payments?</b>		<b>3034</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
NOTES		



Section 3 – AMOUNTS (Continued)				
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)				
6b. Which persons were covered?	Person No.	Name		
	3036			
	3038			
	3040			
	3042			
	3044			
	3046			
	3048			
	3050			
	3052			
3054				
CHECK ITEM A6	Is this ISS code "8"?	3056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50		
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to next ISS Code or Statement A, page 50		
CHECK ITEM A7	Was this ISS code marked for . . . in cc item 45 last reference period?			
8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3064 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK			
	b. Do . . . 's payments usually come on the first of the month or the third?	3066 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK		
CHECK ITEM A8	Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50		
9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?	(Last month) . . . . .	3070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in 9a – How much was received? 3072 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	(2 months ago) . . . . .	3074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3076 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago) . . . . .	3078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3080 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago) . . . . .	3082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		3084 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments?	VERIFY IF ONLY ONE CHILD OR ASK – 3086 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No			

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)			
<b>10b. Which children were covered?</b>	Person No.	Name	
	3088		
	3090		
	3092		
	3094		
	3096		
	3098		
SKIP to next ISS Code or Statement A, page 50			
<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	3100	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No	
	<b>b. Which persons were covered?</b>		
	Person No.	Name	
	3102		
	3104		
	3106		
	3108		
	3110		
	3112		
	3114		
3116			
SKIP to next ISS Code or Statement A, page 50			
<b>12a. Did ... receive food stamps in (Read each month)?</b>		<b>12b. If "Yes" in 12a, ask – What was the total amount?</b>	
	(Last month) .....	3122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3124 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(2 months ago) .....	3126 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3128 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago) .....	3130 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3132 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) .....	3134 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3136 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
SKIP to next ISS Code or Statement A, page 50			
<b>13a. Did ... receive any WIC benefits in (Read each month)?</b> Mark (X) all that apply.	3138 3140 3142 3144	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago	
	<b>b. Which persons were covered?</b>		
	Person No.	Name	
	3146		
	3148		
	3150		
	3152		
	3154		
SKIP to next ISS Code or Statement A, page 50			

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

**1. You said . . . received (was authorized to receive)**  
(Read name of income type) **during the 4-month period.**  
(Read "was authorized to receive" if asking about Food Stamps – code 27.)

Income code      Name of income type  
**3200**     

**CHECK ITEM A1**

Mark (X) income type code.

- 3202** 1 ☐ ISS code 1 or 2 (SS or RR)  
2 ☐ ISS code 25 (WIC) – *SKIP to 13a, page 29*  
3 ☐ ISS code 27 (Food Stamps) – *SKIP to 11a, page 29*  
4 ☐ ISS codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*  
5 ☐ Other ISS codes – *SKIP to 5a*

**CHECK ITEM A2**

Refer to cc item 27.  
Is . . . a designated parent, or guardian of children under age 18?

- 3204** 1 ☐ Yes  
2 ☐ No – *SKIP to Check Item A3*

**2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?**

- 3206** 1 ☐ Yes  
2 ☐ No – *SKIP to Check Item A3*

**3. Did . . . also receive a separate payment for (himself/herself) during any of these months?**

- 3208** 1 ☐ Yes  
2 ☐ No – *SKIP to 9a*

**CHECK ITEM A3**

Is . . . married?

- 3210** 1 ☐ Yes  
2 ☐ No – *SKIP to 5a*

**4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?**

- 3212** 1 ☐ Yes  
2 ☐ No – *SKIP to 5a*

**CHECK ITEM A4**

Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?

- 3214** 1 ☐ Yes – *SKIP to next ISS Code or Statement A, page 50*  
2 ☐ No

**5a. Did . . . receive any** (Read name of income type) **in**  
(Read each month)?

NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

(Last month) . . . . .

- 3216** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) . . . . .

- 3220** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) . . . . .

- 3224** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) . . . . .

- 3228** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**5b. How much did . . . receive in** (Read each month marked "Yes" in 5a)? **Please answer by giving the total amount each month before any deductions.**

**3218** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3222** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3226** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3230** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**CHECK ITEM A5**

Mark (X) income type code.

- 3232** 1 ☐ ISS code 1 or 2 – *SKIP to Check Item A7*  
2 ☐ ISS code 8 or 20 through 24  
3 ☐ All other income codes – *SKIP to next ISS Code or Statement A, page 50*

**6a. Were all the people living here covered by . . .'s payments?**

- 3234** 1 ☐ Yes – *SKIP to Check Item A6*  
2 ☐ No

NOTES

Section 3 — AMOUNTS (Continued)				
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)				
<b>6b. Which persons were covered?</b>	Person No.	Name		
	3236	<input type="text"/>	<input type="text"/>	
	3238	<input type="text"/>	<input type="text"/>	
	3240	<input type="text"/>	<input type="text"/>	
	3242	<input type="text"/>	<input type="text"/>	
	3244	<input type="text"/>	<input type="text"/>	
	3246	<input type="text"/>	<input type="text"/>	
	3248	<input type="text"/>	<input type="text"/>	
	3250	<input type="text"/>	<input type="text"/>	
	3252	<input type="text"/>	<input type="text"/>	
3254	<input type="text"/>	<input type="text"/>		
<b>CHECK ITEM A6</b>	Is this ISS code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
<b>7.</b>	Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3260	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 50	
<b>CHECK ITEM A7</b>	Was this ISS code marked for . . . in cc item 45 last reference period?	3262	1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No	
(SHOW FLASHCARD O)		3264	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>8a.</b>	Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)			
<b>b.</b>	Do . . . 's payments usually come on the first of the month or the third?	3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>CHECK ITEM A8</b>	Refer to item 2, page 27. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
<b>9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?</b>		<b>9b. If "Yes" in 9a — How much was received?</b>		
(Last month) . . . . .	3270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3272	\$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	3274	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3276	\$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	3278	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3280	\$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	3282	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3284	\$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a.</b> Were all children living here covered by these payments?		3286	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No	

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

**10b. Which children were covered?**

	Person No.	Name
<b>3288</b>	<input type="text"/>	<input type="text"/>
<b>3290</b>	<input type="text"/>	<input type="text"/>
<b>3292</b>	<input type="text"/>	<input type="text"/>
<b>3294</b>	<input type="text"/>	<input type="text"/>
<b>3296</b>	<input type="text"/>	<input type="text"/>
<b>3298</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Statement A, page 50**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3300** 1 ☐ Yes — *SKIP to 12a*  
2 ☐ No

**b. Which persons were covered?**

	Person No.	Name
<b>3302</b>	<input type="text"/>	<input type="text"/>
<b>3304</b>	<input type="text"/>	<input type="text"/>
<b>3306</b>	<input type="text"/>	<input type="text"/>
<b>3308</b>	<input type="text"/>	<input type="text"/>
<b>3310</b>	<input type="text"/>	<input type="text"/>
<b>3312</b>	<input type="text"/>	<input type="text"/>
<b>3314</b>	<input type="text"/>	<input type="text"/>
<b>3316</b>	<input type="text"/>	<input type="text"/>

**12a. Did ... receive food stamps in (Read each month)?**

(Last month) .....

**3322** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) .....

**3326** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) .....

**3330** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) .....

**3334** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**12b. If "Yes" in 12a, ask —  
What was the total amount?**

**3324** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3328** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3332** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3336** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**SKIP to next ISS Code or Statement A, page 50**

**13a. Did ... receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

**3338** 1 ☐ Last month  
**3340** 2 ☐ 2 months ago  
**3342** 3 ☐ 3 months ago  
**3344** 4 ☐ 4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3346</b>	<input type="text"/>	<input type="text"/>
<b>3348</b>	<input type="text"/>	<input type="text"/>
<b>3350</b>	<input type="text"/>	<input type="text"/>
<b>3352</b>	<input type="text"/>	<input type="text"/>
<b>3354</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Statement A, page 50**

Section 3 – AMOUNTS		
Part A – GENERAL AMOUNTS (ISS Codes 1–56)		
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps – code 27.)		Income code <b>3400</b> <input type="text"/> <input type="text"/>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>3402</b> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 32 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 32 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>3404</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<b>3406</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3408</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a
<b>CHECK ITEM A3</b>	Is . . . married?	<b>3410</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>		<b>3412</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3414</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</b>
(Last month) . . . . .		<b>3416</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK  <b>3418</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .		<b>3420</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK  <b>3422</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .		<b>3424</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK  <b>3426</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .		<b>3428</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK  <b>3430</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3432</b> 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Statement A, page 50
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3434</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
NOTES		

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
6b. Which persons were covered?	Person No.	Name	
	3436		
	3438		
	3440		
	3442		
	3444		
	3446		
	3448		
	3450		
	3452		
3454			
CHECK ITEM A6	Is this ISS code "8"?	3456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} SKIP to next ISS Code or Statement A, page 50	
CHECK ITEM A7	Was this ISS code marked for . . . in cc item 45 last reference period?		3462 1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No
(SHOW FLASHCARD O)	3464 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK		
8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)			
b. Do . . . 's payments usually come on the first of the month or the third?	3466 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK		
CHECK ITEM A8	Refer to item 2, page 30. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?		9b. If "Yes" in 9a — How much was received?	
	(Last month) . . . . .	3470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3472 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(2 months ago) . . . . .	3474 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3476 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago) . . . . .	3478 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3480 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	3482 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3484 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
VERIFY IF ONLY ONE CHILD OR ASK — 10a. Were all children living here covered by these payments?	3486 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No		

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)			
<b>10b. Which children were covered?</b>	Person No.	Name	
	3488	<input type="text"/>	<input type="text"/>
	3490	<input type="text"/>	<input type="text"/>
	3492	<input type="text"/>	<input type="text"/>
	3494	<input type="text"/>	<input type="text"/>
	3496	<input type="text"/>	<input type="text"/>
	3498	<input type="text"/>	<input type="text"/>
SKIP to next ISS Code or Statement A, page 50			
<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	3500	1 <input type="checkbox"/> Yes — SKIP to 12a 2 <input type="checkbox"/> No	
<b>b. Which persons were covered?</b>	Person No.	Name	
	3502	<input type="text"/>	<input type="text"/>
	3504	<input type="text"/>	<input type="text"/>
	3506	<input type="text"/>	<input type="text"/>
	3508	<input type="text"/>	<input type="text"/>
	3510	<input type="text"/>	<input type="text"/>
	3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>	
3516	<input type="text"/>	<input type="text"/>	
<b>12a. Did ... receive food stamps in (Read each month)?</b>		<b>12b. If "Yes" in 12a, ask — What was the total amount?</b>	
(Last month) .....	3522	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3524 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) .....	3526	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3528 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) .....	3530	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3532 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) .....	3534	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3536 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
SKIP to next ISS Code or Statement A, page 50			
<b>13a. Did ... receive any WIC benefits in (Read each month)?</b> Mark (X) all that apply.	3538 3540 3542 3544	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago	
<b>b. Which persons were covered?</b>	Person No.	Name	
	3546	<input type="text"/>	<input type="text"/>
	3548	<input type="text"/>	<input type="text"/>
	3550	<input type="text"/>	<input type="text"/>
	3552	<input type="text"/>	<input type="text"/>
3554	<input type="text"/>	<input type="text"/>	
SKIP to next ISS Code or Statement A, page 50			



## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

**1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.**  
(Read "was authorized to receive" if asking about Food Stamps — code 27.)

Income code

Name of income type

**3600**

**CHECK ITEM A1**

Mark (X) income type code.

**3602**

- 1 ☐ ISS code 1 or 2 (SS or RR)  
2 ☐ ISS code 25 (WIC) — *SKIP to 13a, page 35*  
3 ☐ ISS code 27 (Food Stamps) — *SKIP to 11a, page 35*  
4 ☐ ISS codes 37, 50, 51, 52, 53, or 56 — *SKIP to Check Item A4*  
5 ☐ Other ISS codes — *SKIP to 5a*

**CHECK ITEM A2**

Refer to cc item 27.

Is . . . a designated parent, or guardian of children under age 18?

**3604**

- 1 ☐ Yes  
2 ☐ No — *SKIP to Check Item A3*

**2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?**

**3606**

- 1 ☐ Yes  
2 ☐ No — *SKIP to Check Item A3*

**3. Did . . . also receive a separate payment for (himself/herself) during any of these months?**

**3608**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 9a*

**CHECK ITEM A3**

Is . . . married?

**3610**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 5a*

**4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?**

**3612**

- 1 ☐ Yes  
2 ☐ No — *SKIP to 5a*

**CHECK ITEM A4**

Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?

**3614**

- 1 ☐ Yes — *SKIP to next ISS Code or Statement A, page 50*  
2 ☐ No

**5a. Did . . . receive any (Read name of income type) in (Read each month)?**

NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.

(Last month) . . . . .

**3616**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) . . . . .

**3620**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) . . . . .

**3624**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) . . . . .

**3628**

- 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.**

**3618**

\$  .

- x1 ☐ DK  
x2 ☐ Ref.

**3622**

\$  .

- x1 ☐ DK  
x2 ☐ Ref.

**3626**

\$  .

- x1 ☐ DK  
x2 ☐ Ref.

**3630**

\$  .

- x1 ☐ DK  
x2 ☐ Ref.

**CHECK ITEM A5**

Mark (X) income type code.

**3632**

- 1 ☐ ISS code 1 or 2 — *SKIP to Check Item A7*  
2 ☐ ISS code 8 or 20 through 24  
3 ☐ All other income codes — *SKIP to next ISS Code or Statement A, page 50*

**6a. Were all the people living here covered by . . .'s payments?**

**3634**

- 1 ☐ Yes — *SKIP to Check Item A6*  
2 ☐ No

NOTES

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)			
<b>6b. Which persons were covered?</b>	Person No.	Name	
	3636		
	3638		
	3640		
	3642		
	3644		
	3646		
	3648		
	3650		
	3652		
3654			
<b>CHECK ITEM A6</b>	Is this ISS code "8"?	3656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50	
<b>7.</b>	Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 50	
<b>CHECK ITEM A7</b>	Was this ISS code marked for . . . in cc item 45 last reference period?	3662 1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No	
(SHOW FLASHCARD O)			
<b>8a.</b>	Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3664 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>b.</b>	Do . . .'s payments usually come on the first of the month or the third?	3666 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>CHECK ITEM A8</b>	Refer to item 2, page 33. Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	3668 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50	
<b>9a.</b>	Were Social Security (Railroad Retirement) payments received for . . .'s children in (Read each month)?	<b>9b.</b> If "Yes" in 9a – How much was received?	
(Last month) . . . . .	3670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3672 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(2 months ago) . . . . .	3674 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3676 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(3 months ago) . . . . .	3678 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3680 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(4 months ago) . . . . .	3682 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3684 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
VERIFY IF ONLY ONE CHILD OR ASK – <b>10a.</b> Were all children living here covered by these payments?		3686 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No	

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)

**10b. Which children were covered?**

	Person No.	Name
<b>3688</b>	<input type="text"/>	<input type="text"/>
<b>3690</b>	<input type="text"/>	<input type="text"/>
<b>3692</b>	<input type="text"/>	<input type="text"/>
<b>3694</b>	<input type="text"/>	<input type="text"/>
<b>3696</b>	<input type="text"/>	<input type="text"/>
<b>3698</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Statement A, page 50**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3700** 1 ☐ Yes — *SKIP to 12a*  
2 ☐ No

**b. Which persons were covered?**

	Person No.	Name
<b>3702</b>	<input type="text"/>	<input type="text"/>
<b>3704</b>	<input type="text"/>	<input type="text"/>
<b>3706</b>	<input type="text"/>	<input type="text"/>
<b>3708</b>	<input type="text"/>	<input type="text"/>
<b>3710</b>	<input type="text"/>	<input type="text"/>
<b>3712</b>	<input type="text"/>	<input type="text"/>
<b>3714</b>	<input type="text"/>	<input type="text"/>
<b>3716</b>	<input type="text"/>	<input type="text"/>

**12a. Did ... receive food stamps in (Read each month)?**

(Last month) .....

**3722** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) .....

**3726** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) .....

**3730** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) .....

**3734** 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

**12b. If "Yes" in 12a, ask —  
What was the total amount?**

**3724** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3728** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3732** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**3736** \$  .  00  
x1 ☐ DK  
x2 ☐ Ref.

**SKIP to next ISS Code or Statement A, page 50**

**13a. Did ... receive any WIC benefits in (Read each month)?**

Mark (X) all that apply.

**3738** 1 ☐ Last month  
**3740** 2 ☐ 2 months ago  
**3742** 3 ☐ 3 months ago  
**3744** 4 ☐ 4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3746</b>	<input type="text"/>	<input type="text"/>
<b>3748</b>	<input type="text"/>	<input type="text"/>
<b>3750</b>	<input type="text"/>	<input type="text"/>
<b>3752</b>	<input type="text"/>	<input type="text"/>
<b>3754</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Statement A, page 50**

Section 3 – AMOUNTS		
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)		
<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (Read "was authorized to receive" if asking about Food Stamps – code 27.)		Income code <b>3800</b> <input type="text"/>
<b>CHECK ITEM A1</b>	Mark (X) income type code.	<b>3802</b> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 38 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 38 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a
<b>CHECK ITEM A2</b>	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>3804</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>		<b>3806</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>		<b>3808</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a
<b>CHECK ITEM A3</b>	Is . . . married?	<b>3810</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>		<b>3812</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>CHECK ITEM A4</b>	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>3814</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</b>
(Last month) . . . . .	<b>3816</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3818</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago) . . . . .	<b>3820</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3822</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago) . . . . .	<b>3824</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3826</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago) . . . . .	<b>3828</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3830</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3832</b> 1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Statement A, page 50
<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3834</b> 1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
NOTES		

### Section 3 — AMOUNTS (Continued)

#### Part A — GENERAL AMOUNTS (ISS Codes 1—56) (Continued)

#### 6b. Which persons were covered?

Person No.	Name
3836	
3838	
3840	
3842	
3844	
3846	
3848	
3850	
3852	
3854	

#### CHECK ITEM A6

Is this ISS code "8"?

3856 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or Statement A, page 50

#### 7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3860 1 ☐ Yes  
2 ☐ No } SKIP to next ISS Code or Statement A, page 50  
x1 ☐ DK

#### CHECK ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

3862 1 ☐ Yes — SKIP to Check Item A8  
2 ☐ No

#### 8a. (SHOW FLASHCARD O) Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3864 1 ☐ Blue  
2 ☐ Buff  
3 ☐ Direct Deposit  
4 ☐ Other  
x1 ☐ DK

#### b. Do . . . 's payments usually come on the first of the month or the third?

3866 1 ☐ First  
2 ☐ Third  
3 ☐ Other  
x1 ☐ DK

#### CHECK ITEM A8

Refer to item 2, page 36.  
Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3868 1 ☐ Yes  
2 ☐ No — SKIP to next ISS Code or Statement A, page 50

#### 9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?

(Last month) . . . . .

3870 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(2 months ago) . . . . .

3874 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(3 months ago) . . . . .

3878 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

(4 months ago) . . . . .

3882 1 ☐ Yes  
2 ☐ No  
x1 ☐ DK

#### 9b. If "Yes" in 9a — How much was received?

3872 \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

3876 \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

3880 \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

3884 \$ . 00  
x1 ☐ DK  
x2 ☐ Ref.

#### 10a. VERIFY IF ONLY ONE CHILD OR ASK — Were all children living here covered by these payments?

3886 1 ☐ Yes — SKIP to next ISS Code or Statement A, page 50  
2 ☐ No

Section 3 — AMOUNTS (Continued)		
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)		
10b. Which children were covered?	Person No.	Name
	3888	
	3890	
	3892	
	3894	
	3896	
	3898	
SKIP to next ISS Code or Statement A, page 50		
11a. Were all the people living here covered under ...'s food stamp allotment?	3900	1 <input type="checkbox"/> Yes — SKIP to 12a 2 <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	3902	
	3904	
	3906	
	3908	
	3910	
	3912	
3914		
3916		
12a. Did ... receive food stamps in (Read each month)?		12b. If "Yes" in 12a, ask — What was the total amount?
(Last month) .....	3922	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago) .....	3926	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago) .....	3930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago) .....	3934	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3924 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3928 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3932 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3936 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
SKIP to next ISS Code or Statement A, page 50		
13a. Did ... receive any WIC benefits in (Read each month)? Mark (X) all that apply.	3938 3940 3942 3944	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	Person No.	Name
	3946	
	3948	
	3950	
	3952	
3954		
SKIP to next ISS Code or Statement A, page 50		

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

<b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>	<table style="width: 100%;"> <tr> <td style="width: 30%;">Income code</td> <td style="width: 70%;">Name of income type</td> </tr> <tr> <td><b>4000</b></td> <td><div style="border: 1px solid black; width: 100px; height: 20px;"></div></td> </tr> </table>	Income code	Name of income type	<b>4000</b>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Income code	Name of income type				
<b>4000</b>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>				
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>4002</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> ISS code 1 or 2 (SS or RR)           <input type="checkbox"/> ISS code 25 (WIC) — <i>SKIP to 13a, page 41</i> <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 11a, page 41</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes — <i>SKIP to 5a</i> </div>				
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>4004</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — <i>SKIP to Check Item A3</i> </div>				
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b>	<b>4006</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — <i>SKIP to Check Item A3</i> </div>				
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>4008</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — <i>SKIP to 9a</i> </div>				
<b>CHECK ITEM A3</b> Is . . . married?	<b>4010</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — <i>SKIP to 5a</i> </div>				
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>4012</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No — <i>SKIP to 5a</i> </div>				
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<b>4014</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Statement A, page 50</i> <input type="checkbox"/> No           </div>				
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</b> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div><b>4016</b></div> <div> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input checked="" type="checkbox"/> DK           </div> </div> </div> </div>				
(Last month) . . . . .	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>4018</b>                 <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input checked="" type="checkbox"/> DK           </div> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div><b>4018</b></div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input checked="" type="checkbox"/> DK  <input type="checkbox"/> Ref.           </div> </div> </div> </div> </div>				
(2 months ago) . . . . .	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>4020</b>                 <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input checked="" type="checkbox"/> DK           </div> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div><b>4022</b></div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> DK  <input checked="" type="checkbox"/> Ref.           </div> </div> </div> </div> </div>				
(3 months ago) . . . . .	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>4024</b>                 <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input checked="" type="checkbox"/> DK           </div> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div><b>4026</b></div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> DK  <input checked="" type="checkbox"/> Ref.           </div> </div> </div> </div> </div>				
(4 months ago) . . . . .	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>4028</b>                 <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input checked="" type="checkbox"/> DK           </div> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div><b>4030</b></div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>00</div> </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> DK  <input checked="" type="checkbox"/> Ref.           </div> </div> </div> </div> </div>				
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>4032</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A7</i> <input type="checkbox"/> ISS code 8 or 20 through 24           <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Statement A, page 50</i> </div>				
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>4034</b> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> <input type="checkbox"/> No           </div>				

NOTES

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)			
<b>6b. Which persons were covered?</b>	Person No.	Name	
	4036		
	4038		
	4040		
	4042		
	4044		
	4046		
	4048		
	4050		
	4052		
	4054		
	<b>CHECK ITEM A6</b>	Is this ISS code "8"?	4056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50
<b>7.</b>	Is ... required to fill out an annual income questionnaire in order to receive a VA pension?	4060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 50	
<b>CHECK ITEM A7</b>	Was this ISS code marked for ... in cc item 45 last reference period?	4062 1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No	
(SHOW FLASHCARD O)			
<b>8a.</b>	Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	4064 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>b.</b>	Do ...'s payments usually come on the first of the month or the third?	4066 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>CHECK ITEM A8</b>	Refer to item 2, page 39. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	4068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
<b>9a. Were Social Security (Railroad Retirement) payments received for ...'s children in (Read each month)?</b>		<b>9b. If "Yes" in 9a — How much was received?</b>	
	(Last month) .....	4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4072 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(2 months ago) .....	4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4076 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago) .....	4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4080 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago) .....	4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4084 \$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a.</b>	VERIFY IF ONLY ONE CHILD OR ASK — Were all children living here covered by these payments?	4086 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No	



Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
<b>10b. Which children were covered?</b>	Person No.	Name	
	4088		
	4090		
	4092		
	4094		
	4096		
	4098		
SKIP to next ISS Code or Statement A, page 50			
<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	4100	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No	
<b>b. Which persons were covered?</b>	Person No.	Name	
	4102		
	4104		
	4106		
	4108		
	4110		
	4112		
	4114		
4116			
<b>12a. Did ... receive food stamps in (Read each month)?</b>			
	(Last month) .....	4122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(2 months ago) .....	4126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(3 months ago) .....	4130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	(4 months ago) .....	4134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		<b>12b. If "Yes" in 12a, ask – What was the total amount?</b>	
	4124	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	4128	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	4132	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	4136	\$ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
SKIP to next ISS Code or Statement A, page 50			
<b>13a. Did ... receive any WIC benefits in (Read each month)?</b> Mark (X) all that apply.	4138 4140 4142 4144	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago	
<b>b. Which persons were covered?</b>	Person No.	Name	
	4146		
	4148		
	4150		
	4152		
	4154		
SKIP to next ISS Code or Statement A, page 50			

Section 3 — AMOUNTS (Continued)	
Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102, and 103)	
CHECK ITEM A9	Asset types owned. Mark (X) all that apply.
4300	1 <input type="checkbox"/> ISS code 100 — Regular/Passbook Savings Accounts
4302	2 <input type="checkbox"/> ISS code 101 — Money Market Deposit Accounts
4304	3 <input type="checkbox"/> ISS code 102 — Certificates of Deposit or other Savings Certificates
4306	4 <input type="checkbox"/> ISS code 103 — Interest-earning Checking Accounts (such as NOW or Super NOW accounts)
1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA and KEOGH accounts.	
CHECK ITEM A10	Interview status of . . . 's spouse.
4308	1 <input type="checkbox"/> No spouse in household — SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 3a
2a. Did . . . own any of these jointly with . . . 's (husband/wife)?	4310 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3b
b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4312 \$ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?	4314 \$ . 00 — SKIP to 3a x3 <input type="checkbox"/> None — SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	4316 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 6 2 <input type="checkbox"/> No
3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	4318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50
b. What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period?	4320 \$ . 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?	4322 \$ . 00 } SKIP to next ISS Code or Statement A, page 50 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	4324 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 7 } SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
NOTES	

Section 3 – AMOUNTS (Continued)	
Part C – OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)	
<b>CHECK ITEM A11</b>	Asset types owned. Mark (X) all that apply.
	<div>44001<input type="checkbox"/> ISS code 104 – Money Market funds</div> <div>44022<input type="checkbox"/> ISS code 105 – U.S. Government securities</div> <div>44043<input type="checkbox"/> ISS code 106 – Municipal or corporate bonds</div> <div>44064<input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify↓</div>
<b>1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA and KEOGH accounts.</b>	
<b>CHECK ITEM A12</b>	Interview status of . . . 's spouse.
	<div>44081<input type="checkbox"/> No spouse in household – SKIP to 3b</div> <div>2<input type="checkbox"/> Interview for spouse not yet conducted</div> <div>3<input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a</div>
<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>	
	<div>44101<input type="checkbox"/> Yes</div> <div>2<input type="checkbox"/> No – SKIP to 3b</div>
<b>b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?</b>	
	<div>4412\$ . 00</div> <div>x3<input type="checkbox"/> None</div> <div>x1<input type="checkbox"/> DK</div> <div>x2<input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</div>
<b>c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?</b>	
	<div>4414\$ . 00 – SKIP to 3a</div> <div>x3<input type="checkbox"/> None – SKIP to 3a</div> <div>x1<input type="checkbox"/> DK</div> <div>x2<input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</div>
<b>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	
	<div>44161<input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 8</div> <div>2<input type="checkbox"/> No</div>
<b>3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?</b>	
	<div>44181<input type="checkbox"/> Yes</div> <div>2<input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50</div>
<b>b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?</b>	
	<div>4420\$ . 00</div> <div>x3<input type="checkbox"/> None</div> <div>x1<input type="checkbox"/> DK</div> <div>x2<input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</div>
<b>c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?</b>	
	<div>4422\$ . 00</div> <div>x3<input type="checkbox"/> None</div> <div>x1<input type="checkbox"/> DK</div> <div>x2<input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</div>
<b>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	
	<div>44241<input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 9</div> <div>2<input type="checkbox"/> No</div>
NOTES	

### Section 3 — AMOUNTS (Continued)

#### Part D — STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

<b>1a.</b> Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA and KEOGH accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)	<b>4500</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
<b>CHECK ITEM A13</b> Interview status of . . . 's spouse.	<b>4502</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 2a</i>
<b>1b.</b> During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?	<b>4504</b> \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 2a</i> x3 <input type="checkbox"/> None — <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i>
<b>C.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<b>4506</b> 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 10</i> 2 <input type="checkbox"/> No
<b>2a.</b> During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)?	<b>4508</b> \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 3a</i> x3 <input type="checkbox"/> None — <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i>
<b>b.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<b>4510</b> 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 11</i> 2 <input type="checkbox"/> No
<b>3a.</b> (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	<b>4512</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item A15</i>
<b>CHECK ITEM A14</b> Interview status of . . . 's spouse.	<b>4514</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3c</i>
<b>3b.</b> During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?	<b>4516</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i>
<b>C.</b> During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?	<b>4518</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i>
<b>CHECK ITEM A15</b> Interview status of . . . 's spouse.	<b>8032</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 5b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 5a</i>
<b>4a.</b> As of (read last day of reference period), what was the market value of the stocks or mutual funds held jointly by . . . and . . . 's (husband/wife)? (Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.)	<b>8034</b> \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to 4c</i> x3 <input type="checkbox"/> None — <i>SKIP to 5a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> <b>8035</b> 1 <input type="checkbox"/> Office Use Only
<b>b.</b> If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	<b>8036</b> 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 12</i> 2 <input type="checkbox"/> No

Section 3 – AMOUNTS (Continued)	
Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110) – Continued	
4c. Was any debt or margin account held against these jointly held stocks or mutual funds as of (Read last day of reference period)?	8038 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
d. As of (Read last day of reference period), what was the amount of the debt or margin account?	8040 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
5a. Besides any stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?	8042 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS code or Statement A, page 50
b. As of (Read last day of reference period), what was the market value of the stocks or mutual funds . . . held in (his/her) OWN name?  (Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.)	8044 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to 5d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50 8045 1 <input type="checkbox"/> Office Use Only
c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8046 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 13 2 <input type="checkbox"/> No
d. Was any debt or margin account held against . . . 's stocks or mutual funds as of (Read last day of reference period)?	8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50
e. As of (Read last day of reference period), what was the amount of the debt or margin account?	8050 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. } SKIP to next ISS Code or Statement A, page 50
NOTES	

Section 3 – AMOUNTS (Continued)	
Part E – RENTAL INCOME (ISS Code 120)	
<b>1. Earlier you told me that . . . owned some rental property.</b>	
<b>CHECK ITEM A16</b> Interview status of . . . 's spouse.	<b>4600</b> 1 <input type="checkbox"/> No spouse in household — SKIP to 3a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 3a
<b>2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months?</b> <i>Include only property owned entirely by couple.</i>	<b>4602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2d
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4604</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
<b>c. What is your best estimate of the amount that was cleared after expenses?</b>	<b>4606</b> \$ <input type="text"/> . <input type="text"/> 00 } SKIP to 2e x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 <b>4608</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to 2e
<b>d. As of (Read last day of reference period), did . . . own any rental property jointly with . . . 's (husband/wife)? (Include only property owned entirely by . . . and . . . 's (husband/wife).)</b>	<b>8052</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3a x1 <input type="checkbox"/> DK
<b>e. How many properties did . . . own jointly with . . . 's (husband/wife) as of (Read last day of reference period)?</b>	<b>8054</b> <input type="text"/> Number of properties x3 <input type="checkbox"/> None — SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
<b>f. What type of property(ies) (was it/were they)?</b> <i>Mark (X) all that apply.</i>	<b>8056</b> 1 <input type="checkbox"/> Vacation home <b>8058</b> 2 <input type="checkbox"/> Other residential property <b>8060</b> 3 <input type="checkbox"/> Farm property <b>8062</b> 4 <input type="checkbox"/> Commercial property <b>8064</b> 5 <input type="checkbox"/> Equipment <b>8066</b> 6 <input type="checkbox"/> Other — Specify _____
<b>g. As of (Read last day of reference period), what was the total market value of the property(ies) ?</b>	<b>8068</b> \$ <input type="text"/> . <input type="text"/> 00 — SKIP to 2i x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 <b>8069</b> 1 <input type="checkbox"/> Office Use Only
<b>h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	<b>8070</b> 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 14 2 <input type="checkbox"/> No
<b>i. Was there a mortgage, deed of trust, or other debt on the property(ies)?</b>	<b>8072</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3a x1 <input type="checkbox"/> DK
<b>j. As of (Read last day of reference period), how much principal was owed on the property(ies)?</b>	<b>8074</b> \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref. <b>8075</b> 1 <input type="checkbox"/> Office Use Only
<b>3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?</b>	<b>4610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3d

### Section 3 — AMOUNTS (Continued)

#### Part E — RENTAL INCOME (ISS Code 120) (Continued)

<b>3b. About how much was received in gross rent from this property during the 4-month period?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">4612</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">00</div> </div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div>
<b>C. What is your best estimate of the amount that was cleared after expenses?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">4614</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">00</div> </div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div> <div style="margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4616</div> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to 3e </div>
<b>d. As of (Read last day of reference period), did ... own any rental property in ...'s OWN name?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8076</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  x1 <input type="checkbox"/> DK </div> </div> <div style="margin-left: 100px; margin-top: -20px;"> } SKIP to 4a </div>
<b>e. How many properties did ... own in ...'s OWN name as of (Read last day of reference period)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8078</div> <div style="margin-left: 5px;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="margin: 0 5px;">Number of properties</div> </div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None — SKIP to 4a  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div>
<b>f. What type of property(ies) (was it/were they)?</b>  Mark (X) all that apply.	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; margin-bottom: 5px;">8080</div> <div style="margin-left: 5px; margin-bottom: 5px;">1 <input type="checkbox"/> Vacation home</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; margin-bottom: 5px;">8082</div> <div style="margin-left: 5px; margin-bottom: 5px;">2 <input type="checkbox"/> Other residential property</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; margin-bottom: 5px;">8084</div> <div style="margin-left: 5px; margin-bottom: 5px;">3 <input type="checkbox"/> Farm property</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; margin-bottom: 5px;">8086</div> <div style="margin-left: 5px; margin-bottom: 5px;">4 <input type="checkbox"/> Commercial property</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; margin-bottom: 5px;">8088</div> <div style="margin-left: 5px; margin-bottom: 5px;">5 <input type="checkbox"/> Equipment</div> </div> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; margin-bottom: 5px;">8090</div> <div style="margin-left: 5px; margin-bottom: 5px;">6 <input type="checkbox"/> Other — Specify _____</div> </div>
<b>g. As of (Read last day of reference period), what was the total market value of the property(ies)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8092</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">00</div> </div> <div style="margin-left: 5px;">— SKIP to 3i</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div> <div style="margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8093</div> 1 <input type="checkbox"/> Office Use Only </div>
<b>h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8094</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 15  2 <input type="checkbox"/> No </div> </div>
<b>i. Was there a mortgage, deed of trust, or other debt on the property(ies)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8096</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  x1 <input type="checkbox"/> DK </div> </div> <div style="margin-left: 100px; margin-top: -20px;"> } SKIP to 4a </div>
<b>j. As of (Read last day of reference period), how much principal was owed on the property(ies)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8098</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">00</div> </div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK — Probe  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div> <div style="margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8099</div> 1 <input type="checkbox"/> Office Use Only </div>
<b>4a. Did ... receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">4618</div> <div style="margin-left: 5px;"> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to 4c </div> </div>
<b>b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">4620</div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">\$</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">00</div> </div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 </div> <div style="margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4622</div> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to 4d </div>

Section 3 – AMOUNTS (Continued)	
Part E – RENTAL INCOME (ISS Code 120) (Continued)	
4c. Did . . . own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by . . . and . . . 's spouse.)	8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK }
d. How many properties did . . . own jointly with others as of (Read last day of reference period)?	8102 <input type="text"/> Number of properties x3 <input type="checkbox"/> None — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
e. What type of property(ies) (was it/were they)?  Mark (X) all that apply.	8104 1 <input type="checkbox"/> Vacation home 8106 2 <input type="checkbox"/> Other residential property 8108 3 <input type="checkbox"/> Farm property 8110 4 <input type="checkbox"/> Commercial property 8112 5 <input type="checkbox"/> Equipment 8114 6 <input type="checkbox"/> Other — Specify <input type="text"/>
f. As of (Read last day of reference period), what was the total market value of the property(ies)?	8116 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8117 1 <input type="checkbox"/> Office Use Only
g. Was there a mortgage, deed of trust, or other debt on the property(ies)?	8118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4i x1 <input type="checkbox"/> DK }
h. As of (Read last day of reference period), how much principal was owed on the property(ies)?	8120 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8121 1 <input type="checkbox"/> Office Use Only
i. As of (Read last day of reference period), what was the total value of . . . 's SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.) ★	8122 \$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50 8123 1 <input type="checkbox"/> Office Use Only
j. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8124 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 16 2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 50
NOTES	



Section 5 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Is this the reference person's questionnaire?	<b>4800</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1
<b>1 a.</b>	The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?	<b>4816</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P2
<b>b.</b>	Was this assistance received in the form of checks, coupons or vouchers sent to this household or were the payments sent directly to a utility company, fuel dealer, or landlord? Mark (X) all that apply.	<b>4818</b> <b>4820</b> <b>4822</b>	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c.</b>	What was the total amount of the energy assistance received by this household during the past 4 months?	<b>4824</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
<b>CHECK ITEM P2</b>	Are there any children 5 to 18 who live in the household?	<b>4826</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1
<b>2 a.</b>	Do any of the children in this household usually eat a complete hot lunch offered at school?	<b>4828</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1
<b>b.</b>	How many children?	<b>4830</b>	<input type="text"/> <input type="text"/> Children
<b>c.</b>	Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?	<b>4832</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2f
<b>d.</b>	How many children?	<b>4834</b>	<input type="text"/> <input type="text"/> Children
<b>e.</b>	Are the lunches free or are they reduced-price? Mark (X) all that apply.	<b>4836</b> <b>4838</b>	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
<b>f.</b>	Do any of the children receive free or reduced-price school breakfasts this school year?	<b>4840</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1
<b>g.</b>	How many children?	<b>4842</b>	<input type="text"/> <input type="text"/> Children
<b>h.</b>	Are the breakfasts free or are they reduced-price? Mark (X) all that apply.	<b>4844</b> <b>4846</b>	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price } Go to Check Item C1

NOTES

PROGRAM QUESTIONS